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Substitute for form 1449/PTO	Complete if Known
	Application Number
INFORMATION DISCLOSU	Filing Date
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STATEMENT BY APPLICA	NT Art Unit
(Use as many sheets as necessary)	Examiner Name
Sheet 1 of 1	Attorney Docket Number

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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